

2018-10283

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60429197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/15/2018
NAME OF PROVIDER OR SUPPLIER CASCADE BEHAVIORAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TUKWILA, WA 98168		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	INITIAL COMMENTS STATE COMPLAINT INVESTIGATION The Washington State Department of Health (DOH) in accordance with Washington Administrative Code (WAC), Chapter 246-322 Private Psychiatric and Alcoholism hospitals , conducted this health and safety investigation. Service categories: Private Psychiatric and Alcoholism Hospital Licensing Regulations Onsite dates: 08/15/18 Examination number: 2018-10283 Intake number: 83394 The investigation was conducted by: Surveyor #27347 There was a violation found pertinent to this complaint.	L 000	1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies. 2. EACH plan of correction statement must include the following: * The regulation number and/or the tag number; * HOW the deficiency will be corrected; * WHO is responsible for making the correction; * WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and * WHEN the correction will be completed. 3. Your PLAN OF CORRECTION must be returned within 10 calendar days from the date you receive the Statement of Deficiencies. PLAN OF CORRECTION DUE: AUGUST 30, 2018 4. The Administrator or Representative's signature is required on the first page of the original. 5. Return the original report with the required signatures.	
L1080	322-170.2H DISCHARGE PLAN WAC 246-322-170 Patient Care Services. (2) The licensee shall provide medical supervision and treatment, transfer, and discharge planning for each patient admitted or retained, including but not limited to: (h) A discharge plan including a review of the patient's hospitalization, condition upon discharge, and recommendations for follow-up and continuing care; This Washington Administrative Code is not met	L1080		9/27/18

State Form 2567

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

2018-10283

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60429197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/15/2018
NAME OF PROVIDER OR SUPPLIER CASCADE BEHAVIORAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TUKWILA, WA 98168			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
L1080	<p>Continued From page 1</p> <p>as evidenced by:</p> <p>Based on interview and review of hospital policies and procedures the hospital failed to have a clear follow-up discharge plan for a patient (Patient #1).</p> <p>Failure to have a clear discharge plan for patients puts patients at risk for rehospitalization if post discharge care is not arranged for the patients at the time of discharge.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The hospital policy titled "Discharge Planning and Aftercare" last reviewed January 2018 read in part " Follow up appointments based on the patient's clinical needs". 2. Review of Patient #1's record revealed the patient was admitted on an involuntary hold for suicide ideations on 06/30/2018. The patient's principal diagnosis was listed as major depressive disorder. The patient was discharged from the hospital on 07/02/2018. <p>At the time of discharge no follow-up care appointments were made for the patient out in the community. The discharge plan just stated for the patient to "reach out to emergency services if symptoms worsen".</p> <ol style="list-style-type: none"> 3. On 8/15/2018 at 10:00 AM a registered nurse (Staff A) said the hospital should be making follow-up appointments for patients out in the community at the time of discharge so they can continue to receive the treatment they need. 4. On 8/15/2018 at 11:00 AM the chief executive officer (Staff B) verified the above information. 	L1080			